

June 28, 2010

**FOOD STAMP
PROGRAM GUIDE
Special Notice
10-10 Addendum B**

**GENERAL RELIEF
PROGRAM GUIDE
Special Notice
10-02**

Subject **Changes to Food Stamp Employment & Training (FSET) Program**

Purpose The purpose of this special notice is to provide instructions to Family Resource Centers (FRC's) and FSET staff on:

- The new FSET Target Population
- Aligning FSET and General Relief (GR) Unsupervised Job Search (UJS) Requirements
- FSET vs. GR work requirements reminder
- The updated General Relief (GR) Orientation Script (Attachment A)
- Shifting responsibility for the initial work assignment from the GR worker to the FSET Social Worker (SW)
- Shifting responsibility for Job Search assignment and tracking from the GR worker to the FSET SW
- The updated 09-84 HHSA (05/10), Food Stamps Employment and Training Program (Attachments B and C)
- The updated 11-49 HHSA (05/10), Employable Program Responsibilities (Attachments D and E)
- The updated 11-73 Orientation Form (Attachments F and G)

Effective Date July 1, 2010

Background The California Department of Social Services allows each county to design its own FSET program and select target populations to serve. Historically San Diego County has chosen to serve all Non-Assistance Food Stamps (NAFS) employable clients who are not otherwise exempt.

Subject FSPG SN 10-10 Addendum B /GRPG SN 10-02 Change to Food Stamps Employment & Training (FSET) Program

**New FSET Target
Population**

As of July 1, 2010 participation in FSET will be limited to GR/FS recipients and NAFS volunteers.

Note: While only our target population and NAFS volunteers will participate in the FSET program, **all non-exempt NAFS recipients are required to be work registered in CalWIN for statistical purposes.**

FSET UJS

FSET UJS requirements will be aligned with current GR UJS requirements. The UJS shall consist of a minimum of 20 separate written employment applications in person or on-line to 20 separate employers who have job openings available during the calendar month.

A job application shall consist of any written evidence left with the employer or on-line that would include the applicant's name and address or message phone.

The applicant shall be required to report these job contacts on form 11-7 HHSA, GR Job Application Record, and return this reporting form by the 5th of the following month in order that these job contacts can be verified. If the application was submitted on-line, then an e-mail from the employer which states that an application was submitted for an available position must be attached to the 11-7 HHSA.

Employment applications submitted prior to the application for GR, or to referral agencies, or for training shall not be acceptable as meeting the UJS requirements.

The applicant shall not be allowed to duplicate the same employers reported during the previous month, unless applying for different jobs.

**FSET v. GR Work
Requirements**

The work requirements for each program remain the same:

FSET

The number of hours of work assigned each month is determined by dividing the household's food stamp allotment by the federal or state minimum wage, whichever is highest. Fractions of hours of obligation will be rounded down.

GR

Job Training (JT) shall consist of participation in work activities for 80 hours per month.

Note: The JT and FSET obligations will be concurrent. For example, a recipient with a JT obligation of 80 hours and a FSET obligation of 12 hours will fulfill both obligations by working 80 hours. These work obligations run concurrently.

**Responsibilities
of the Food
Stamp (FS)
Worker**

Continue to register all non-exempt FS recipients for the FSET program via CalWIN. **(Do NOT send a referral to FSET.)**

**Responsibilities
of the GR Worker**

- Inform participants of the FSET and GR program requirements as part of the GR Orientation via the updated GR Orientation Script;
- Refer GR employable and GR/FS employable recipients to the FSET SW for an assessment interview for the next scheduled day that the FSET SW is at the FRC. **(The assessment interview will be no more than seven calendar days following the intake interview or once the case is granted if the intake was left pending.)**
- Assign Work Test for Modified Aid Payment Cycle (MAPC) applicants.
- Assign the FSET/GR work assignment for the partial month hours when an applicant is approved late in the month and the next day that the FSET SW will be at the FRC is too late for timely assignment.

**Responsibilities
of the FSET SW**

- Interview participants as referred from the GR Intake worker;
- Have the participant complete the 22-07 HHSA, Employment History form;
- Explain the Employable Program responsibilities and have the participant sign 11-49 HHSA (05/10) and 09-84 HHSA (05/10) forms;
- Provide the participant with a UJS form 11-7 HHSA;
- Assess the participant's job skills and interests and assign them to an appropriate FSET/GR work assignment;
- Notify the participant of the partial month work assignment on form 11-49A HHSA (05/10);
- Notify the participant of ongoing assignments on the joint form 22-04 HHSA;
- Evaluate job search contacts and counsel participants during UJS;
- Monitor work assignment attendance and compliance;
- Maintain case records and report non-participation within five (5) working days to the worker/Change Group;
- Report determination of Good Cause for non-compliance on form 11-67 HHSA;
- Gather statistical data relating to job search and work assignment participation;
- Develop worksites in public and private non-profit agencies;
- Monitor worksites for compliance with program regulations; and
- Continue to utilize manual excel logs to track participation and report statistics.

**FSET SW
Scheduling**

Operations and Program Assistant Deputy Directors, Program Managers, and GR Family Resource Center (FRC) Managers have agreed that the four GR offices will develop the FSET SW schedule to allow for maximum flexibility and coverage.

Required Forms

Forms required to meet FSET and GR work requirements:

- 09-84 HHSA (05/10), Food Stamp Employment and Training Program
 - 11-7 HHSA, GR Job Application Record
 - 11-49 HHSA (05/10), Employable Program Responsibilities
 - 11-49A HHSA, Job Training Requirements
 - 11-49M HHSA, Employable Program Responsibilities – MAPC (MAPC only)
 - 11-67 HHSA, Good Cause Determination Worksheet
 - 22-04 HHSA, Notice of Worksite Assignment
 - 22-07 HHSA, Employment History
-

Non-Compliance

When the participant has failed to fulfill the FSET and/or GR Employable Program requirements by failing to attend the assessment interview, or to complete the component assignments, the SW will make a cause determination for the failure. Form 11-67 HHSA is used to document this determination.

Participants are required to notify the SW if they are unable to complete the interview or component assignments. The cause determination is based on this notification or other known circumstances, including information received from the worker. If no notification or information is received, a “No Good Cause” determination is appropriate.

After determining that the participant had “No Good Cause” for failing to complete the requirement, the SW will notify the worker/Change Group.

The cause determination by the SW is the **final** determination; the worker has no responsibility in determining whether or not the SW's finding is correct. If the worker has pertinent information not previously communicated to the SW, the worker will notify the SW immediately so the discontinuance request can be re-evaluated. If no additional information is available, the worker will begin the disqualification process. When the worker enters the disqualification in CalWIN, it will generate an automated alert to the SW showing that the case has been closed or the disqualified person discontinued.

ACCESS Impact

None.

Subject

FSPG SN 10-10 Addendum B /GRPG SN 10-02 Change to Food Stamps Employment & Training (FSET) Program

**Automation
Impact**

- Food stamp (FS) workers will continue to register all non-exempt FS recipients for the FSET program via CalWIN.
 - FSET SW's will continue to utilize manual excel logs to track participation and report statistics.
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Forms Impact

All of the forms identified in this special notice can be ordered from the Xerox Print Center. Staff should copy the attached forms for immediate use until the new versions are ordered and received.

Imaging Impact

None.

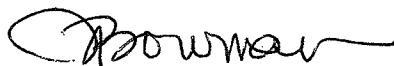
**Quality
Assurance (QA)
Impact**

Quality Assurance will cite the appropriate error when the instructions in this special notice are not followed or are applied incorrectly.

**Assistant Deputy
Director**



Sylvia Melina
Assistant Deputy Director
Self Sufficiency Programs
Strategic Planning & Operational Support



Janya Bowman
Assistant Deputy Director
Health Care Policy Administration
Strategic Planning & Operational Support

TG/DH

APPENDIX D. GR ORIENTATION SCRIPT

Hello, my name is _____. I will be explaining the General Relief, or GR, rights and responsibilities, GR program requirements and Food Stamp Employment and Training (FSET) requirements.

YOUR RIGHTS AS A GR APPLICANT/RECIPIENT

You have the right:

1. To be treated with courtesy and consideration.
2. To receive services without regard to race, color, national origin, religion, political affiliation, marital status, sex, age, disability, ethnic group identification, sexual orientation, or domestic partnership.
3. To file a complaint for acts of discrimination.
4. To have your eligibility determined promptly after you provide all required information and documentation.
5. To be told in writing of all the reasons if your case is denied.
6. To be notified in writing prior to any decrease or discontinuance in aid and informed of all reasons for the action.
7. To request a meeting with the Supervisor to talk about any disputes involving discrimination, complaints, rules, or proposed denials, decreases, or discontinuances.
8. To ask for review manuals containing the rules and regulations for the GR program.
9. To request bus tokens to comply with program requirements prior to aid being granted.
10. To talk to a GR Alcohol and Drug Services (GRADS) program provider if you disagree with the GRADS screening results.
11. To have your records kept confidential by the Health and Human Services Agency unless you are getting cash aid and there is an outstanding misdemeanor or felony warrant.
12. To have your records kept confidential by the Health and Human Services Agency. However, certain information is required to determine your eligibility for County aid, and for County, State, and Federal reporting requirements.
13. To request a GR Hearing to obtain a full and impartial review of any decrease, discontinuance, or denial of GR cash aid.

YOUR RESPONSIBILITIES AS A GR APPLICANT/RECIPIENT

As a condition of GR eligibility you are responsible for:

1. Giving us the documents and information we need to figure your eligibility and amount of cash aid.

2. Cooperating with all GR rules.
3. Telling your worker within 5 days, by telephone, letter, or in person, whenever any of the following changes occur:
 - a. A change of address, rent amount, or in the number of people you live with;
 - b. A change in your ability to work;
 - c. You start work, even if part-time or temporary;
 - d. You receive money/property from any source;
 - e. You receive free housing and/or utilities;
 - f. You have a change in alien or marital status; or
 - g. You or anyone on the case become(s) pregnant.
4. Attending a GR Alcohol and Drug Services (GRADS) Program screening. If the screening indicates you have a drug or alcohol problem, you will be required to cooperate with random drug testing, self-help meetings, and group sessions.

If you do not cooperate with any of these rules, your case may be closed, denied, or your cash aid may be lowered.

Form 11-38 HHSA Coversheet describes your rights and responsibilities as a GR applicant or recipient. We have just reviewed these rights with you. Please sign and date the 11-38 HHSA Coversheet now.

GR PROGRAM REQUIREMENTS

1. You must have two forms of acceptable identification. At least one form must be valid, such as a driver's license with a photo and physical description or a DMV ID card.
2. You must live in San Diego County and have resided here for a minimum of 15 days. You show proof of residency, such as a rent or utility receipt, or provide a statement that you intend to live here.
3. You must sign an agreement to repay ALL cash assistance issued to you, or for you, such as a payment to a landlord or other authorized facility.

If you are a sponsored alien and your legal sponsor completed an affidavit of support, he/she is required to sign an agreement, in person, for the repayment of all cash aid you receive during your sponsorship period.

4. You must sign a lien against any real property you now own or may own in the future.

If you are a sponsored alien and your legal sponsor completed an affidavit of support, he/she is required to sign a lien, in person, against his/her income and/or property for the repayment of all cash aid you receive during your sponsorship period.

5. You must provide verification of:
 - a. Income from current or past months (such as pay stubs, unemployment, Social Security, VA disability, free housing, etc.);

- b. Motor vehicle registration for a car, motorcycle, camper, trailer, boat, truck, etc.
 - c. Any bank or credit union accounts, including the address and account numbers and balances;
 - d. Insurance policies (such as burial insurance, life insurance, other burial arrangements such as plots, crypts, etc.);
 - e. Current assessed value of real property;
 - f. Alien registration card and sponsorship information (if sponsored), if you are not a U.S. citizen; and
 - g. Social Security number.
6. You must be fingerprinted and photographed. The fingerprint images and photographs will be matched with other GR applicants/recipients on the county's computer system.
7. You are considered Able-Bodied if you are able to perform a work project known as Job Training (JT). You must cooperate fully with all Able-Bodied rules. Rules include:

Attending orientation, completion of a work test and work project or another approved job training activity for 80 hours each month, turning in 20 written job applications, completion of a monthly eligibility report (form CW 7), and accepting any job offer that pays at least minimum wage.

The GR Employable Able-Bodied program provides assistance to eligible applicants who are temporarily out of work. The goal of this program is to help you get a job. To help you reach this goal, job search activities and work project or training programs are required during each month of aid. If you have a problem with your JT worksite the first month, report it to your worker. After completion of the first month's work assignment, you will have an interview with an Employment Services Social Worker. The social worker will discuss available employment and training services, review your work background, and give you your second month's work project assignment.

Note: If you are injured on your work project, tell your worksite supervisor immediately.

You may be referred to the GR Grant Diversion (GRGD) program by the Work Experience Social Worker. In this program, the GR grant payment is utilized as a wage subsidy to private sector employers who hire you. Grant Diversion, acting as an incentive payment to employers, will provide work experience to GR employable persons resulting in unsubsidized employment. In effect, during GRGD, the welfare check is converted into a paycheck. You may participate in GRGD only once in a lifetime.

If otherwise eligible for GR, you will be eligible as Able-Bodied for a maximum of 3 months in a 12 month period. The 3 month period of eligibility and/or the 12 month period of eligibility may be affected if you do not cooperate with any GR rules.

Under certain circumstances (if a participant obtains verified employment or paid training) GR payments may be continued through the first payday, or in GRGD cases up to an additional three months.

If you do work project, the hours will be used to pay back your GR. For every 8 hours of work project, you will receive 1/10th credit against your GR payment. EXCUSED

ABSENCES DO NOT PAY BACK GR. JOB TRAINING ALTERNATIVES INSTEAD OF JT DO NOT PAY BACK GR.

If you fail to cooperate, your case may be closed or denied for one to three months.

8. You are considered Employable with Limitations if you are not able to perform a JT work project. Medical verification of your limitations is required. If you cannot obtain a medical verification from your own doctor, you will be scheduled for an appointment to see a county contracted doctor for an employability evaluation. If you have any medical records, bring them to your medical appointment. You must cooperate fully with all Employable with Limitations rules. Rules include completion of a monthly eligibility report (CW 7).

If otherwise eligible for GR, you will be eligible as Employable with Limitations for as long as you are medically verified as unable to work.

9. The written job applications that employable GR clients must complete each month if they wish to continue receiving GR are called job searches. Able-Bodied participants must complete at least 20 job searches a month (may be more depending on the amount of JT project hours they complete). The rules for job searches are:
 - You must turn in a separate written job application, in person, to different employers who have job openings available.
 - Your applications must be written (not verbal) and include your name and address or phone number. If you do not have an address or phone number, please use the address of the shelter where you receive services, and let us know that this is a mailing address.
 - You must report these job contacts on the General Relief Job Application Record (form 11-7 HHSA) and return it each month with your income report (CW 7) by the 5th of each month while your case is open. Make sure all the reported information is on the form, because your worker must call and check that you have applied for these jobs. If an employer will not give out their phone number nor has no phone, do not report that employer on the form. You must complete another application with a different employer instead. Keep a copy of the form for your records.
 - You must not turn in applications to the same employer two months in a row, unless they are for different jobs.
 - The following kinds of job applications will not count:
 - Applications made before you applied for GR;
 - Applications turned in to referral agencies, such as EDD or MAAC, and not directly to the employer; and
 - Applications for paid or unpaid training.

Not following these rules may cause you to be sanctioned. If you turn in your Job Application Record Form late, your case may close for one month. IF you do not complete the required number or the right kind of applications (written applications to different employers), your case may close and you may be sanctioned for three months.

If something unexpected happens that is not your fault and keeps you from doing all of your work project or job searches, tell your worker right away. Get proof of what happened in writing and tell your worker how it kept you from doing your work project or job search. This

is called "Good Cause." Your worker may be able to continue your cash aid instead of closing or sanctioning your case. Here are some examples of Good Cause:

- You have a medical emergency, doctor appointment, sudden illness or hospital stay. Give you worker a copy of the appointment notice, hospital papers or statement from the doctor.
 - You were arrested, in jail, had a court appointment or a required interview with your lawyer, probation or parole officer. Provide the ticket, jail release papers, subpoena or statement from the person with whom you met.
 - You had a job interview (not counseling) scheduled before we gave you your project. Let your worker know right away and give the employer's name, telephone number, date and time of the interview. After the job interview, give your worker proof that you went.
 - You start a job or paid training. Tell your worker. The worker will give you a form for the employer to complete.
 - Through no fault of your own, you do not get your check before you start your work project and the site is too far to walk. Tell your worker if you have not received your check by the day before your work project starts.
 - Your written proof must always cover the days that you missed your work project or job search
10. You are considered Incapacitated if your are receiving disability-based income (such as disability insurance, State Disability Insurance, Worker's Compensation, Social Security disability, VA disability based on 100% disability) or are a resident of a Board and Care facility. You must cooperate fully with all Incapacitated rules. Rules include:

Completion of a monthly eligibility report form (form CW 7).

If you fail to cooperate, your case may be closed or denied.

11. You are considered Interim Assistance if you are unemployable for 12 cumulative months or longer with the same medical/mental condition(s) and can provide medical verification. A legal immigrant may be eligible under Interim Assistance Program (IAP) if he/she has a disability that has lasted or is expected to last 12 months or longer and:
- Has applied for or is receiving ABD Medi-Cal based on a disability determined by the State Disability Determination Service Division (DDSD), or is under reconsideration or appeal for SSI or Medi-Cal DDSD denial; or
 - Is age 65 or older and has applied for or is receiving ABD Medi-Cal or is under reconsideration or appeal for and SSI or Medi-Cal DDSD denial.

You must cooperate fully with all Interim Assistance rules. Rules include:

- Applying for or reapplying for SSI if potential eligibility exists;
- Filing an appeal if your SSI is denied and potential eligibility exists (for example, U.S. citizen who is permanently disabled);
- Applying for or reapplying for Medi-Cal DDSD;
- Filing an appeal if your Medi-Cal DDSD is denied and your medical condition has worsened or is not being corrected through the prescribed course of treatment;

- Providing acceptable medical verification; and
- Completion of a monthly eligibility report form (CW 7).

If you fail to cooperate, your case may be closed or denied.

If you want to apply for SSI benefits, or even if you have already applied and want some help, we have an SSI Advocate in this FRC who can help you. The SSI Advocate in this FRC is from _____. If you want to see the Advocate, ask for an SSI Advocacy flier or ask your worker to refer you to the Advocate.

12. Giving HHSA fraudulent documents or not giving the Agency information to get GR benefits or to get more benefits than you should, could make you lose your GR for 30 days, 90 days, or six months. If you are convicted of welfare fraud, you could lose your GR benefits for 12 months or permanently.

Note: A person who is determined to have committed fraud in the Board and Care Payment Program will become permanently ineligible to Board and Care and will receive a six month sanction for GR.

13. Destructive or violent acts or threats in the FRCs, or at agencies with which we contract for work projects or GRADS will not be tolerated and could result in sanctions of 90 days for the first incident, 180 days for the second incident and permanent ineligibility for the third.

FOOD STAMP EMPLOYMENT AND TRAINING (FSET) REQUIREMENTS

1. If you are an able-bodied GR recipient and receiving Food Stamps, you are also required to participate in the Food Stamp Employment and Training Program, also known as FSET. The goal of this program is to introduce you to the work environment to help strengthen work habits, develop new skills and make employment contacts that could lead to permanent employment. FSET consists of Job Searches and Work Fare.
2. Participants must complete at least 20 Job Searches a month. Requirements for Job Searches are the same as for GR. If you meet the requirements for GR, you will automatically meet the requirements for FSET.
3. Participants must also complete Work Fare. The number of hours of work assigned each month is determined by dividing the household's food stamp allotment by the federal or state minimum wage, whichever is highest. Fractions of hours of obligation will be rounded down. If you meet the 80-hour requirement for GR, you automatically meet the requirement for FSET.
4. If you fail to complete the FSET requirements and do not have Good Cause, you will be sanctioned from the Food Stamps Program. In the food stamp Program you will be sanctioned for 1 month the first time, 3 months the second time, and 6 months the third and subsequent times. You must complete your sanction period. Once your sanction period is over you may reapply for food stamps.

GENERAL INFORMATION

1. HOMELESS – If you are homeless, you will be told by your Intake worker when and where to pick up your check, notices and other mail from the Agency.

2. **APPOINTMENT SYSTEM** – If you need to see your worker, you must make an appointment in advance by calling your worker. You may not be seen without an appointment. If you arrive at a scheduled appointment more than fifteen minutes late you will not be seen. If you are late or miss your scheduled appointment, you can ask to be re-scheduled.

This concludes the Orientation. Please sign and date the Orientation form, the Verification List and if you have a medical reason you cannot work, complete the Applicant's Statement of Employability form 11-65 HHSA. You must come to your next scheduled appointment at least fifteen minutes early and have all your paperwork completed, and bring the verifications we have asked for or your case will be denied.

FOOD STAMPS EMPLOYMENT AND TRAINING PROGRAM

The County of San Diego's Food Stamp Employment and Training (FSET) Program contains two components: an Unsupervised Job Search and a Workfare component. You must complete both assignments in order to continue receiving food stamp benefits as required by California Department of Social Services MPP 63-407.8.

UNSUPERVISED JOB SEARCH INFORMATION

You must complete 20 job searches each full calendar month. Your FSET Social Worker (SW) will give you the Unsupervised Job Search forms you will need to complete. You are responsible for completing the forms and returning them by the 5th of the month following the month the job searches are completed.

WORKFARE INFORMATION

Workfare is an unpaid training assignment with a public or private nonprofit agency that provides an opportunity to develop basic work habits or to practice existing skills.

The number of Workfare hours you are assigned each month is determined by dividing the household's food stamp allotment by the federal or state minimum wage, whichever is highest. Fractions of hours of obligation will be rounded down.

If you are unable to complete the Unsupervised Job Search and/or Workfare assignment for a specific reason, you may be excused from completing the assignment(s) for a period of time with "good cause". **You must let your SW know why you cannot complete the assignment(s).**

If you fail to complete your assignments without "good cause", you will be notified that your case will be closed and that you will be disqualified from participating in the Food Stamp Program. The length of your disqualification period will be determined by the number of times you fail to meet FSET requirements.

- First Failure is a one (1) month disqualification
- Second Failure is a three (3) month disqualification
- Third and Additional Failures is a six (6) month disqualification

RIGHTS AND RESPONSIBILITIES

I understand that I am responsible for completion of the Food Stamp Employment and Training Program requirements. If I do not complete my Unsupervised Job Search requirement and complete the assigned number of Workfare hours, my household Food Stamp benefits will be reduced or terminated for a period of one to six months. I further understand that I will receive advanced notice of disqualification and that I will have the right to request a state hearing to appeal such decision. I have read this form and understand my Job Search and Workfare requirements.

Signature of Work Registrant and Date

Signature of SW and Date

ESTAMPILLAS PARA COMIDA – PROGRAMA DE EMPLEO Y ENTRENAMIENTO

El Programa de Empleo y Entrenamiento, FSET (siglas en ingles) del programa Estampillas para Comida del Condado de San Diego tiene dos componentes: la “Búsqueda de Empleo sin Supervisión” y el “Trabajo por las Estampillas para Comida (Workfare)”. Para recibir Estampillas para Comida, se requiere su participación en los dos componentes de acuerdo con los reglamentos del Departamento de Servicios Sociales del Estado de California (CDSS): MPP 63-407.8.

BÚSQUEDA DE EMPLEO SIN SUPERVISIÓN

Debe de buscar trabajo por lo menos en veinte (20) lugares cada mes y reportárselo a su Trabajador Social del Programa de Empleo y Entrenamiento (FSET). El Trabajador Social le proveerá el formulario necesario para reportar esta información. Usted es responsable de completar el formulario y regresarlo antes del día cinco del mes siguiente después de haber completado la búsqueda de trabajo.

TRABAJO POR LAS ESTAMPILLAS PARA COMIDA (WORKFARE)

“Workfare” es una asignación de entrenamiento sin compensación económica. Se le asignará trabajo en una agencia pública o no lucrativa la cual le dará la oportunidad de adquirir experiencia laboral o practicar las habilidades de trabajo que posee.

El número de horas de trabajo mensual que se le asignará, se determinarán dividiendo la cantidad de Estampillas para Comida que recibe mensualmente entre el salario federal mínimo o el salario estatal mínimo si este es el mas alto.

Si no puede cumplir con su asignación de trabajo, ya sea la “Búsqueda de Empleo sin Supervisión” o el “Workfare”, se le puede dispensar temporalmente si tiene justificación. Si tiene justificación por no poder cumplir con el trabajo, tiene que informárselo a su Trabajador Social del Programa de Empleo y Entrenamiento (FSET).

Si no puede cumplir con su asignación de trabajo y no tiene justificación, se le comunicará de su descalificación del Programa de Estampillas para Comida. El periodo por el cual estará descalificado, dependerá del número de veces que ha sido descalificado previamente por no cumplir con los requisitos del Programa de Empleo y Entrenamiento (FSET).

- La primera vez será descalificado por un (1) mes.
- La segunda vez será descalificado por tres (3) meses.
- La tercera vez o más, será descalificado por seis (6) meses.

DERECHOS Y RESPONSABILIDADES

Entiendo mi responsabilidad en el cumplimiento de los requisitos del Programa de Empleo y Entrenamiento, FSET de las Estampillas para Comida. Si no cumplo con la asignación “Búsqueda de Empleo sin Supervisión” y no trabajo las horas asignadas de “Workfare”, se me descalificará del programa; mis Estampillas para Comida se reducirán o serán descontinuados por un periodo de un (1) mes a seis (6) meses. Entiendo que recibiré notificación previa a la descalificación y que tendré el derecho de solicitar una audiencia con el estado para apelar la decisión. He leído este documento y entiendo los requisitos de Búsqueda de Empleo sin Supervisión y “Workfare”.

Firma del Participante y Fecha

Firma del Trabajador Social y Fecha

GENERAL RELIEF EMPLOYABLE PROGRAM RESPONSIBILITIES

| | | |
|------------|--------------|----------------|
| CASE NAME: | CASE NUMBER: | WORKER NUMBER: |
|------------|--------------|----------------|

For all GR employable program applicants/recipients:

Under the rules for the General Relief (GR) employable program, I understand that:

- I will receive a maximum of three months employable assistance in a 12-month period. Any months that I am sanctioned will count in the three-month period.
- This period may be longer if I fail to meet a GR program requirement.
- I am required to complete _____ job searches for each month I receive aid.
- I will provide proof of job search by returning completed 11-7 HHSA forms – General Relief Job Application Record form – showing a record of all my job searches.
- The 11-7 HHSA forms are due by the 5th day of each month along with my CW 7, Monthly Eligibility Report.
- My job application record form is subject to verification by HHSA.
- I will receive a one-month penalty when 11-7 HHSA forms are received after the 5th before I can qualify for GR employable assistance again.
- I will receive a three-month penalty when I do not complete a job search before I can qualify for GR employable assistance again.

For GR employable program applicants/recipients who are considered able-bodied:

Under the rules for the GR employable program for the able-bodied, I understand that:

- I am required to complete 80 hours of job training activities each month I receive aid.
- I will report to the job training site on time each day, wearing the appropriate clothing and shoes.
- I will follow the Site Supervisor's directions for assigned job training.
- If I miss any time at the training site, I will provide written proof of the date and time to my worker within 5 days. Written proof for the time missed may be: 1) a note from my doctor; 2) a note from an employer for a **scheduled** job interview; 3) a note from an employer for time worked; 4) a jail release slip; or 4) proof of a court appearance.
- My job training activities will be:
_____ at an assigned job training _____ at an approved alternative job training
Job Training Site: _____
Address: _____
- I have received a copy of the General Relief Job Training Requirements form 11-49A with my work project assignment.

Signature: _____

Date: _____

**RESPONSABILIDADES DE PERSONAS BAJO EL PROGRAMA DE PERSONAS
APTAS PARA TRABAJAR DEL PROGRAMA DE AYUDA GENERAL (GR)**

| | | |
|------------------|------------------|----------------|
| NOMBRE DEL CASO: | NUMERO DEL CASO: | WORKER NUMBER: |
|------------------|------------------|----------------|

Para solicitantes y personas que reciben GR bajo el programa de personas aptas para trabajar:

Entiendo que de acuerdo a las reglas para personas aptas para trabajar del Programa de Ayuda General (GR):

- Recibiré un máximo de tres meses de asistencia dentro de un período de 12 meses. Los meses en que sea sancionado se contarán como parte de esos tres meses.
- Este período podría ser mas largo si no cumplo con los requisitos del Programa GR.
- Es requerido que complete _____ búsquedas de trabajo por cada mes que reciba ayuda.
- Proporcionaré como prueba de las búsquedas de trabajo las formas 11-7 HHSA (formas de Registro de Solicitudes de Trabajo del Programa General Relief (GR)) donde registraré mis búsquedas de trabajo.
- Las formas 11-7 HHSA deberán entregarse a más tardar para el día 5 de cada mes junto con mi CW7 (Reporte Mensual de Elegibilidad).
- Mi registro de solicitudes de trabajo serán verificadas por la agencia HHSA.
- Recibiré una sanción de un mes cuando se reciban las formas 11-7 HHSA después del día 5 de cada mes antes de poder calificar otra vez para recibir GR bajo el programa de personas aptas para trabajar.
- Recibiré una sanción de tres meses cuando no complete las búsquedas de trabajo antes de poder calificar otra vez para recibir GR bajo el programa de personas aptas para trabajar.

Para personas recibiendo GR consideradas aptas para trabajar:

Entiendo que de acuerdo a las reglas de GR y su Programa para personas aptas para trabajar:

- Debo cumplir con 80 horas de actividades de entrenamiento de trabajo por cada mes que reciba asistencia.
- Me reportaré diariamente al sitio de entrenamiento de trabajo a tiempo, usando zapatos y ropa apropiada.
- Seguiré las instrucciones del supervisor del sitio de entrenamiento de trabajo.
- Si no me presento al sitio de entrenamiento de trabajo, proporcionaré a mi trabajador(a) dentro de los 5 días siguientes una prueba escrita del por qué no me presenté a esa(s) hora(s) y fecha(s). Dichas pruebas pueden ser: 1) nota de mi doctor; 2) prueba de que tenía una entrevista de trabajo programada con anterioridad; ó 3) Nota(s) de un empleador(es) de la(s) hora(s) y fecha(s) trabajadas; 4) prueba de cuando salí de la cárcel ó prisión; o 4) prueba de haber asistido a corte.
- Mis actividades de entrenamiento de trabajo serán:
_____ En un sitio de entrenamiento de trabajo _____ En un sitio alternativo pre- aprobado de entrenamiento
Sitio de Entrenamiento de Trabajo: _____
Dirección: _____
- He recibido una copia de los Requisitos de Entrenamiento de Trabajo del programa General Relief (GR) (11-49A) con mi asignación de entrenamiento de trabajo.

Firma: _____

Fecha: _____

**COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY**

GENERAL RELIEF/FOOD STAMP ORIENTATION FORM

ORIENTATION DATE _____ **ORIENTATION TIME** _____

Name

Social Security Number

Aid(s) Requested: **General Relief** _____ **Food Stamps** _____

You must attend an Orientation meeting. You must be on time for the meeting. The Orientation meeting lasts about one hour. It includes an explanation of your Rights and Responsibilities, verifications needed for your intake appointment, and program requirements.

When the meeting is over, you must sign and date the bottom of this form and return it to the Orientation Worker.

You will be scheduled for an intake appointment after the Orientation meeting.

I have attended Orientation and been advised of the following:

 X **RIGHTS AND RESPONSIBILITIES**
 X **CIVIL RIGHTS**
 X **VERIFICATION REQUIREMENTS**
 X **RENEWALS/RECERTIFICATIONS**
 X **APPOINTMENT SYSTEM**
 X **MONTHLY REPORTS**

_____ **GR SYSTEM ABUSE SANCTIONS**
_____ **GR EMPLOYABLE PROGRAM REQUIREMENTS**
_____ **FSET EMPLOYABLE PROGRAM REQUIREMENTS**
_____ **GR EMPLOYABILITY EVALUATIONS**

Applicant's Signature

Date

Applicant's Signature

Date

Orientation Worker's Signature

Date

**CONDADO DE SAN DIEGO
AGENCIA DE SALUD Y SERVICIOS HUMANOS**

**FORMA DE ORIENTACION PARA LOS PROGRAMAS DE AYUDA GENERAL (GR) Y
ESTAMPILLAS PARA COMIDA**

FECHA DE LA ORIENTACION _____ **HORA DE LA ORIENTACION** _____

Nombre

Número de Seguro Social

Ayuda(s) Solicitadas: **Ayuda General** _____ **Estampillas Para Comida** _____

Usted deberá atender una sesión de orientación. Deberá llegar a tiempo para su Orientación. La Orientación toma alrededor de una hora. Durante la Orientación se le explicarán sus derechos y responsabilidades, las verificaciones requeridas para su primera entrevista, así como los requisitos del programa de ayuda para el que está solicitando.

Cuando termine la orientación, deberá firmar y poner la fecha en las líneas al final de éste documento y devolverlo al trabajador encargado de la orientación.

Después de la orientación se le darán instrucciones adicionales.

Yo he atendido la Orientación y se me ha explicado lo siguiente:

| | |
|--------------|---|
| <u> X </u> | DERECHOS Y RESPONSABILIDADES |
| <u> X </u> | DERECHOS CIVILES |
| <u> X </u> | REQUISITOS DE LAS VERIFICACIONES |
| <u> X </u> | RECERTIFICACIONES/RENOVACIONES |
| <u> X </u> | SISTEMA DE ENTREVISTAS CON SU TRABAJADOR |
| <u> X </u> | REPORTES MENSUALES |

| | |
|-------|--|
| _____ | SANCIONES POR ABUSO DEL SISTEMA DE AYUDA GENERAL |
| _____ | REQUISITOS DEL PROGRAMA PARA PERSONAS EMPLEABLES DE AYUDA GENERAL |
| _____ | REQUISITOS DEL PROGRAMA FSET PARA PERSONAS APTAS PARA TRABAJAR |
| _____ | EVALUACIONES PARA PERSONAS EMPLEABLES DE AYUDA GENERAL |

Firma del Solicitante

Fecha

Firma del Solicitante

Fecha

Trabajador Encargado de la Orientación

Fecha